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ANNUAL REPORT

OF THE
COUNTY MEDICAL OFFICER
OF HEALTH.

1943.

NORTH RIDING OF YORKSHIRE COUNTY COUNCIL.

**ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER
OF HEALTH
for the year 1943.**

To the Members of the North Riding of Yorkshire County Council.

Mr. Chairman, My Lords, Ladies and Gentlemen,

I have the honour to submit the annual report on the public health services of the County Council for the year 1943.

Once again the report is limited in size and scope in accordance with Ministry of Health Circular 10/44 ; Paragraph 5 of this circular indicates that there is need for the omission of certain statistics in the interests of national security.

This report, therefore, is of an interim character only ; if any member of the Council or other authorised person requests information on any point, I shall be glad to supply the required data if available.

I submit some brief observations on those statistics for 1943 which may be published and on the major problems of the year under review.

(i) Vital Statistics.

The birth rate for the whole county for 1943 was 17·4 as compared with 17·3 for 1942, 16·6 for 1941 and 15·5 for 1940 : on reference to the tabular statement on page 9 it will be seen that higher birth rates were recorded in the Borough of Thornaby, the Urban Districts of Eston, Guisborough, Loftus and Skelton & Brotton and in the Rural Districts of Masham, Richmond and Wath. The birth rate for England and Wales for 1943 was 16·5.

The death rates for the individual county districts are also set out in table 1 on page 9. The rate for the administrative county as a whole was 14·1, whereas the death rate for England and Wales was 12·1.

The infantile mortality rates for the year 1943 are also shown in table 1. There are great variations between one district and another owing to the relatively small numbers of children involved : the rate for the county as a whole was 54·7 as compared with 57·5 for England and Wales, and with a corresponding rate of 51·2 for the preceding year. This small rise in the infantile mortality rate was due to an increased number of deaths certified as being due to pneumonia and allied conditions. There is great scope, as soon as peace conditions return, for research into the causes of stillbirths and deaths of infants under four weeks : much sorrow and disappointment would be avoided if it were possible to diminish materially such loss of young life.

(ii) Cancer.

549 deaths of North Riding residents during 1943 were attributed to cancer : the death rate from this disease for the year was, therefore, 1·73 per 1,000 population, an increase from 1·67 in 1942 and 1·65 in 1941.

The interim scheme for the treatment of persons suffering from malignant conditions continued during 1943. Patients, on the application of their doctors, were referred to the radium officers at the Royal Victoria Infirmary,

Newcastle or the General Infirmary at Leeds ; transport was provided or rail fares paid as necessary. If unsuitable for outpatient treatment the patient was admitted to one of the two hospitals named or to the Newcastle City General Hospital or to Shotley Bridge E.M.S. Hospital, County Durham, according to availability of beds. There was little delay in admission of cases referred to me and accepted by the radium officers as suitable for treatment in these special units.

The comprehensive scheme of dealing with cancer in Northern England was still under discussion at the end of the year under review.

(iii) Infectious Diseases.

Reference to table 2 will show the incidence of certain infectious diseases in the Riding during 1943 as far as can be judged by the notifications received by the local medical officers of health. Scarlet fever was prevalent but was mild in character, the death rate attributed to this clinical syndrome being $\cdot 003$ per 1,000 of the population. There was also an increase in pneumonia in the latter part of 1943, especially in urban areas : 212 deaths were registered as due to this disease, as well as 148 from influenza and 287 from bronchitis and other respiratory diseases. The death rate for England and Wales for the last quarter of the year was $3\cdot 6$ per 1,000 above that of the corresponding quarter of 1942 : more than half of this increase was due to this group of diseases. It will be seen from table 3 that the North Riding suffered in common with the rest of the country.

The incidence of diphtheria in the urban areas of the Riding was the same as in the preceding year, but was definitely lower in the rural districts. The majority of the district councils continued to carry out immunisation schemes in spite of difficulties regarding medical personnel : the County Council has assisted in the campaign by the work of the health visiting staff and by the issue of a first birthday greeting card reminding mothers that the time for immunisation has arrived. Reference to the statistical tables will show the districts where diphtheria was prevalent. It is interesting to note that the deaths from diphtheria in England and Wales as a whole was much below that of any preceding year.

The districts in which infantile diarrhoea caused deaths are shown in table 3. I have commented on the need for research into the loss of life attributable to this condition in previous reports.

Measles showed the usual biennial epidemic prevalence : in the rural areas the number of cases notified was four times that of the preceding year. Whooping cough was also more prevalent but the death rates attributable to these diseases remained comparatively low being $\cdot 03$ and $\cdot 04$ respectively.

Sporadic cases of cerebro-spinal fever continued to occur on the same scale as in the preceding year. Chemotherapy is singularly effective in the treatment of this disease if the condition is diagnosed early enough for the drugs to be given in optimum circumstances.

(iv) Maternity and Child Welfare.

The principal departure in this field during the year was a preliminary conference called to consider the formation of a joint committee for the care of illegitimate children and their mothers. The four county districts who are welfare authorities and the County Council have since formed such an organisation and have appointed representatives together with voluntary bodies. The Joint Committee has agreed to subsidise the diocesan welfare

associations so that the latter could appoint more moral welfare workers. One commenced duties during 1943 under the auspices of the Ripon Diocesan Moral Welfare Association and is stationed at Northallerton : she co-operates with the staff of the Council as well as co-ordinating the activities of her colleagues and other voluntary workers elsewhere in the geographical Riding.

4,244 births were notified to the county health department as having occurred in or as transferable to the area for which the Council acts as welfare authority : 338 women were delivered in a hospital, maternity home or other similar institution under the County Council's arrangements because of obstetrical necessity or unsatisfactory housing conditions. In addition 105 women were confined in maternity hospitals or maternity homes by private arrangement. The demand for beds in maternity homes is greatly in excess of the number available as there is a nation-wide shortage of home helps ; the adjoining county boroughs have refused to take North Riding cases save for serious obstetrical reasons because of the demands of their own rate-payers. Additional accommodation to the extent of 7 new beds was equipped during the year in the Scarborough Public Assistance Institution : unfortunately it cannot be further expanded without dispossessing nursing staff of their quarters.

There was only one death from puerperal sepsis during the year in the whole Riding, but fourteen from other maternal causes : the death rates per 1,000 births were respectively .18 and 2.54 for the administrative county as compared with .72 and 3.07 for 1942.

(v) Tuberculosis.

The mortality from tuberculosis in the Riding as a whole during 1943 showed little change from the preceding year but the primary notifications increased from 238 in 1942 to 315 in 1943 : of these 167 were in respect of pulmonary tuberculosis.

The scheme of allowances made under Memo 266/T of the Ministry of Health came into operation on 1st August, 1943 and a sum of £1,338 3s. 2d. was paid to recipients during the financial year ended 31st March, 1944. It will be remembered that only pulmonary cases who give up remunerative employment to obtain treatment which will probably make them once more fit for work, are eligible for these allowances. Accordingly, the Council's tuberculosis medical officers have repeatedly been faced with the unpleasant task of telling an applicant who was unlikely to make even a partial recovery that he could not qualify for allowances because of the prognosis. One cannot imagine a more obvious way of telling a tuberculous person that his hopes of recovery are considered to be negligible.

The increasing demand for sanatorium beds and the shortage of beds and staffs throughout the country have led to considerable difficulty in securing early placement of cases suitable for active treatment. This difficulty is largely due to the fact that the County Council controls so few beds and depends upon being able to obtain vacancies in sanatoria and hospitals controlled by other authorities which have difficulty in meeting their own requirements. This defect is well known to the Committee and only the operation of circumstances beyond their control have caused the postponement of their plans for building a sanatorium-hospital adequate to the needs of the Riding.

Thornton Lodge Children's Sanatorium had an 81.4% bed occupation during the year but Mowbray Grange (available for adult females suffering

from pulmonary tuberculosis) often had empty beds and a waiting list because it was impossible to obtain staff. Representatives of the Ministries of Health and of Labour and National Service visited both institutions and had no recommendations to make regarding the accommodation and other facilities provided by the Council for their resident staffs : it would seem, therefore, that nurses either fear the risk of infection or dislike the lack of urban amusements and amenities. It is proper to point out that the Council have adopted the whole of the recommendations of all the " Rushcliffe " Committees regarding the salaries of nurses and midwives including the payment of fares of sanatorium staff for a weekly visit to the nearest centre of population. It is understood that repeated suggestions from hospital authorities that the Ministry of Labour should take powers to direct nurses to employment in specified hospitals or to make a standstill order such as applies to mental hospitals and mental deficiency institutions have been refused. In the absence of such direction under war-time powers it does not seem possible to do more than the Council have already done to secure staff.

The arrangements for pulmonary cases of tuberculosis requiring the specialised services of Mr. G. A. Mason, F.R.C.S. and the staff of the chest surgery unit at Shotley Bridge, County Durham, were continued : many useful results were obtained. The portable X-ray unit was extensively used in rural areas in connection with the diagnosis of patients in consultation with general practitioners and in the control of treatment at the Sanatoria. Patients resident within reasonable distance of Darlington, Middlesbrough, Scarborough, Whitby and York were X-rayed by radiologists in those towns.

(vi) Blind Persons.

The number of persons on the register for the administrative county on 31st December, 1943, was 826 as compared with 806 at the end of 1942 : of these, grants were being made to 480 (58.1%) as unemployable blind persons in accordance with the scale approved by the County Council in 1942. There were 17 approved home workers : 14 blind persons were employed in workshops and 15 at schools for the blind at the end of the year under review.

The voluntary committee for the southern area of the Riding did good work during 1943 and expended £346 on services and comforts which the County Council cannot provide under statutory arrangements.

(vii) The Supervision of Milk Supplies.

The functions of the County Council under the Milk (Special Designations) Order have been carried out as in former years, every possible assistance being given to producers in the supervision of methods of production and in connection with necessary alterations to premises. In December, 1943, 139 producers of tuberculin tested milk and 209 producers of accredited milk were in possession of licences from the County Council. During the year under review 1 licence granted to a producer of tuberculin tested milk was suspended : the corresponding figure for accredited producers was 5. At the end of the year there were 379 attested and 2 supervised herds in the Riding under the scheme of the Ministry of Agriculture and Fisheries, 7 more than on the 31st December, 1942.

Reports have been made from time to time on the water supply to premises of farmers producing or desiring to produce designated milk. In a number of cases, on the instruction of the Public Health, Housing and Sanitary Committee, communications have been sent to District Councils in

connection with such water supplies: the wartime regulations restricting the use of certain materials often made it impossible for owners or occupiers to ameliorate the position. Shortage of skilled labour has been alleged by farmers when unsatisfactory tests have shown that the standard of cleanliness of designated milk has fallen below that set out in the Regulations.

The Government Bill regarding milk, in spite of opposition from quarters cognisant of the difficulties under which local authorities have been working for the last eighteen years has now become law as the Food and Drugs (Milk and Dairies) Act, 1944 and from the appointed day (not yet fixed) County Councils and local Sanitary Authorities will virtually lose their powers under the Milk (Special Designations) Orders and the Milk and Dairies Order respectively.

Full co-operation has been given by the staff of this department to the War Agricultural Executive Committee in their work in connection with the Ministry of Agriculture's milk testing scheme; as stated in last year's report, the results of the tests applied to non-designated milk were not made available to district councils after June, 1943. In view of the controversy about compulsory pasteurisation of milk it is interesting to note that non-pulmonary tuberculosis notifications in the North Riding increased from 84 in 1942 to 108 in 1943; it is usually agreed that a considerable proportion of non-pulmonary tuberculosis is of bovine origin. In my view the advantages of efficient pasteurisation of all milk supplies, a step which is practicable in most urban areas, far outweigh any disadvantages.

(viii) Public Assistance.

The continuation of war-time restrictions on constructional work has held up the completion of the new sick wards at Guisborough Institution but it was possible to extend the accommodation for maternity cases at Scarborough to provide beds for nine patients. The demand for these beds has been great: it has sometimes been necessary to accommodate women awaiting delivery in adjoining wards.

In the central part of the county a re-organisation scheme was carried into effect: the nursing of sick cases was transferred from the small sick wards at Bainbridge, Leyburn and Richmond to Northallerton where the whole of the institutional accommodation was redecorated after completion of the necessary adaptations and is now available for the care of the sick. The nursing staffs were concentrated at Northallerton and an experienced trained nurse appointed as matron. A residential nursery for thirty children was also opened during the year at Oak Mount, Northallerton, and is recognised as a training school by the National Association of Children's Nurseries.

(ix) Civil Defence.

The chief development in the casualty service was the amalgamation of the first aid parties and rescue parties into one service under the administrative and operative control of the County Surveyor. The County Medical Officer retained responsibility for the training and efficiency in first aid of the new service and depot superintendents on the strength of the ambulance service were appointed in five districts in order to assist with an extensive training programme. The new service was not universally popular with the personnel concerned and in some cases what was intended to be an amalgamation became a mixture of incompatible elements. The small scale of enemy activity made no serious demands on the casualty services during the year; the new rescue parties had few opportunities to test their organisation under air raid conditions.

Reductions were made in the number of ambulances and cars for sitting cases available for civil defence work in accordance with the Government's policy of conserving manpower and vehicles. Extensive use of casualty transport was made in supplementing the civil ambulances, conveying military patients to hospital and carrying out other duties within the categories authorised by the Ministry of Health. The highest praise is due to the personnel, both whole-time and part-time, for their enthusiastic response to the demands made upon them in this work.

Changes took place also in the establishment of mobile first aid units. In five districts heavy units were replaced by light units, plus upgraded first aid points and in five other districts, light mobile units operating in conjunction with heavy units were withdrawn.

(x) Venereal Diseases.

The returns from the specialist clinics used by North Riding residents have not indicated any material increase in these diseases during 1943.

A number of notices were received from specialist officers under Defence Regulation 33B during the year: in only one case a double notification indicated the need for formal action. Informal visits were made by health visitors where a single notice was received and in most cases the person alleged to have communicated the disease visited the nearest special clinic and was examined and commenced treatment. As I have previously indicated I am inclined to favour the compulsory notification of venereal diseases occurring among the civilian population, but I regard it as essential that effective legal powers should be available at an early date to compel a sufferer from venereal disease to attend special clinics until cured. If such powers were available the number of persons who do not complete treatment and who will surely suffer from the late results of syphilis or gonorrhoea would be greatly diminished. In addition the number of children who are now still-born, born defective or handicapped would be reduced to a minimum.

(xi) Laboratory Service.

The emergency public health laboratory established in the County Hall in 1942 by the Medical Research Council with the agreement of the County Council has continued to be of the greatest service to the public health officers of the Council, to many of the part-time medical officers of health and to the general practitioners of the greater part of the county. Dr. Goldie's services as consultant in bacteriology and clinical pathology have been extensively used and it is hoped that after the termination of hostilities it will be possible to develop a laboratory service which has brought such benefits to practitioners and patients alike.

(xii) Other Emergency Services.

During 1943 the lessening of enemy aerial activity reduced the demands made on the evacuation scheme to a minimum. The emergency maternity home at Northallerton continued to deal with a few women evacuated from vulnerable areas as well as a number of North Riding women living in conditions unsuitable for domiciliary midwifery. Similar homes at Malton were not used though fully equipped and held ready to function at short notice.

The war-time nurseries at South Bank and Grangetown have continued their good work during the year. There have been occasional cases of infectious disease but the incidence of such conditions in the nurseries has not exceeded that of the general child population in the adjoining districts.

Miss Worth, the psychiatric social worker appointed to do welfare work among evacuee children, continued to co-ordinate the admission of "un-billetable" children to hostels situated in the various county districts.

After a period of hostel placement, certain children were considered suitable for billeting so long as billets were carefully selected to suit their individual needs. The billeting officers of district councils were particularly helpful in this work, and under Miss Worth's directions gave valuable assistance in making available selected billets for children with special difficulties.

It was considered advisable to keep other children under permanent supervision in hostels: the most successful work was done in areas where it was possible for the children to join fully in the life and activities of the local community. Unfortunately in one or two places local prejudice was such that children were segregated and made so aware of the hostility directed towards them that progress was made with difficulty.

In the case of children returning home, contact was made with the local education authority concerned so that some continuity of treatment could be maintained.

(xiii) General.

The work of the department was maintained at a high level even allowing for the serious shortages of staff due to recruitment for H.M. Forces or to the direction of skilled typists to nursing or industrial employment and the shortage of suitable substitutes.

In conclusion, I should like to express my sincere thanks to the chairmen and members of the various committees of the Council for their generous assistance and to the members of the staff of the County Health Department and to my colleagues in other departments for their continued and active co-operation.

I have the honour to be,

Mr. Chairman, My Lords, Ladies and Gentlemen,

Your obedient Servant,

J. A. FRASER,

County Medical Officer of Health.

October, 1944.

TABLE 1.

Birth and Death Rates, 1943—Civilians only.

DISTRICT.			Birth rate per 1,000 population.	Natural increase per 1,000 population.	Death rate per 1,000 population.	Total infantile mortality per 1,000 live births.
A.—URBAN.						
1.	Eston	.. ..	20.4	6.8	13.6	64.8
2.	Guisborough	.. ..	19.2	2.1	17.1	86.3
3.	Loftus	.. ..	19.2	5.8	13.3	46.9
4.	Malton	.. ..	15.0	—	15.7	35.1
5.	Northallerton	.. ..	14.4	1.7	12.7	89.8
6.	Pickering	.. ..	14.6	—	15.9	122.8
7.	Redcar	.. ..	17.3	4.3	13.1	60.6
8.	Richmond	.. ..	16.3	4.3	12.1	76.1
9.	Saltburn & Marske	.. ..	15.1	—	18.8	63.2
10.	Scalby	.. ..	13.7	.6	13.1	29.0
11.	Scarborough	.. ..	15.9	—	16.6	32.3
12.	Skelton & Brotton	.. ..	19.8	3.8	16.0	58.3
13.	Thornaby-on-Tees	.. ..	22.0	8.1	13.9	81.7
14.	Whitby	.. ..	18.1	.3	17.8	17.3
Total Urban			18.0	3.1	14.9	56.7
B.—RURAL						
1.	Aysgarth	.. ..	17.5	2.5	15.1	15.6
2.	Bedale	.. ..	15.9	3.9	12.0	56.1
3.	Croft	.. ..	15.3	2.5	12.9	64.5
4.	Easingwold	.. ..	18.4	6.5	11.8	78.5
5.	Flaxton	.. ..	14.5	2.2	12.3	66.1
6.	Helmsley	.. ..	13.2	1.5	11.8	68.5
7.	Kirbymoorside	.. ..	18.3	5.5	12.8	43.0
8.	Leyburn	.. ..	17.0	2.6	14.5	18.9
9.	Malton	.. ..	12.9	.2	12.7	52.6
10.	Masham	.. ..	21.9	7.0	15.0	48.8
11.	Northallerton	.. ..	15.7	.4	15.3	84.0
12.	Pickering	.. ..	15.7	1.3	14.4	24.4
13.	Reeth	.. ..	12.0	—	18.9	96.8
14.	Richmond	.. ..	22.4	14.0	8.4	44.5
15.	Scarborough	.. ..	15.4	.3	15.1	47.6
16.	Startforth	.. ..	15.4	2.5	12.9	—
17.	Stokesley	.. ..	17.0	4.8	12.2	38.2
18.	Thirsk	.. ..	16.5	1.1	15.0	84.2
19.	Wath	.. ..	22.9	10.7	12.3	46.5
20.	Whitby	.. ..	16.3	.7	15.6	35.1
Total Rural			16.7	3.6	13.1	52.2
Administrative County			17.4	3.3	14.1	54.7

TABLE 2.

Notification of Infectious Disease in 1943, as given in the weekly returns rendered by Medical Officers of Health.—Civilians only.

DISTRICT.	Smallpox.	Scarlet Fever.	Diphtheria.	Pneumonia.	Cholera.	Plague.	Cerebro-spinal Fever.	Acute Poliomyelitis.	Acute Polio-encephalitis.	Encephalitis Lethargica.	Typhus Fever.	Enteric Fever.	Trench Fever.	Dysentery.	Ophthalmia Neonatorum.	Erysipelas.	Malaria (at home).	Malaria (abroad).	Chickenpox.	Measles.	Whooping Cough.	Anthrax.	Puerperal Pyrexia
A.—URBAN.																							
1. Eston	103	59	36	..	..	3	..	..	..	..	..	..	3	2	5	..	..	1	580	67	..	3
2. Guisborough	9	6	25	..	..	1	1	..	..	..	..	..	..	..	5	..	..	..	120	9	..	1
3. Loftus	15	1	1	..	..	1	..	..	..	..	..	..	..	..	3	..	..	..	29	4	..	..
4. Malton	2	31	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	21	..	..	..
5. Northallerton	10	1	13	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	21	4	..	3
6. Pickering	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	14	..	..	..
7. Redcar	53	16	18	..	..	2	..	..	..	..	..	..	..	..	18	..	..	..	445	65	..	1
8. Richmond	23	3	3	..	..	..	..	..	..	..	..	..	1	..	1	1	..	4	134	7	..	..
9. Saltburn & Marske	7	..	16	..	..	1	..	..	..	..	..	..	..	..	3	..	..	2	99	26	..	..
10. Scalby	17	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	11	4	..	..
11. Scarborough	68	12	9	..	..	2	..	..	..	..	..	..	..	..	5	..	..	6	68	52	..	18
12. Skelton & Brotton	27	3	5	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	32	..	..	1
13. Thornaby-on-Tees	17	49	54	..	..	3	1	..	..	..	..	..	..	4	16	..	..	..	430	72	..	5
14. Whitby	16	21	26	..	..	2	..	..	..	..	..	..	..	..	4	..	..	..	167	63	..	6
Total Urban	368	202	208	..	..	17	2	1	..	..	..	..	4	7	61	1	..	13	2171	373	..	38
1942	200	202	164	..	..	18	3	..	1	..	3	..	1	5	40	..	2	25	1074	162	..	50
B.—RURAL																							
1. Aysgarth	7	3	2	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	159	3	..	..
2. Bedale	4	3	11	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	114	..	..	1
3. Croft	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Rasingwold	21	7	18	..	..	2	..	..	..	..	..	..	4	..	8	..	..	48	110	84	..	6
5. Flaxton	34	46	6	..	..	2	..	..	..	..	..	..	1	3	3	..	..	..	187	62	..	5
6. Helmsley	8	3	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	7	85	35	..	..
7. Kirbymoorside	7	..	1	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	31	19	..	..
8. Leyburn	10	2	4	..	..	..	..	..	..	..	..	..	6	..	..	..	..	8	17	4	..	..
9. Malton	1	3	3	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	114	8	..	1
10. Masham	12	..	12	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	2	..	..
11. Northallerton	5	1	9	..	..	1	..	..	..	..	..	..	..	..	2	..	..	..	43	19	..	..
12. Pickering	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	56	..	..	..
13. Reeth	1	..	4	..	..	1	..	..	..	..	..	..	..	..	8	..	..	..	131	2	..	..
14. Richmond	37	6	3	..	..	1	..	..	..	..	..	..	..	..	2	..	..	5	345	10	..	..
15. Scarborough	14	2	4	..	..	..	..	..	..	..	1	..	..	..	2	..	..	..	26	4	..	..
16. Startforth	9	3	5	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	81	30	..	..
17. Stokesley	37	10	27	..	..	..	..	..	..	..	..	..	1	1	2	..	..	..	234	45	..	2
18. Thirsk	19	8	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	8	20	..	..
19. Wath	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	14	..	14	11	..	..
20. Whitby	12	7	15	..	..	..	..	..	..	..	..	..	..	2	2	..	..	..	186	125	..	..
Total Rural	250	105	124	..	..	8	..	..	1	..	1	..	12	8	35	..	..	82	1947	483	..	15
1942	222	186	149	..	..	9	..	1	..	..	..	..	11	3	31	..	..	80	494	254	..	19
Administrative County	618	307	332	..	..	25	2	1	1	..	1	..	16	15	96	1	..	95	4118	856	..	53
1942	422	388	313	..	..	27	3	1	1	..	3	..	12	8	71	..	2	105	1568	416	..	69

TABLE 3.

Infectious Disease Death Rates, 1943.—Civilians Only.

DISTRICT.	Scarlet Fever.	Diphtheria.	Typhoid Fever (including paratyphoid).	Measles.	Whooping Cough.	Pulmonary Tuberculosis.	Other Tuberculosis.	Influenza.	Pneumonia.	Bronchitis and other Respiratory diseases.	Cancer.	Diarrhoea (under 2 years).	Puerperal and post abortive sepsis.	Other maternal causes.	Congenital malformations birth injury, premature birth, infantile disease.
A.—URBAN												*	*	*	*
1. Eston	·14	..	..	·04	·25	·21	·25	1·04	1·07	·75	8·76	..	1·75	26·27
2. Guisborough	·69	..	·83	·14	2·07	2·35	..	..	7·19	50·36
3. Loftus	·15	·90	1·35	1·35	..	..	..	7·81
4. Malton	·26	·26	1·05	2·62	..	..	..	17·54
5. Northallerton	·18	..	·55	·74	1·47	·92	12·82	..	..	51·28
6. Pickering	·26	..	..	..	·26	·51	2·30	1·79	..	..	17·54	105·26
7. Redcar ..	·04	·09	..	·04	·04	·65	..	·48	·87	·70	1·66	..	..	2·52	25·19
8. Richmond	·18	..	..	..	·71	·35	·35	·35	·35	1·77	..	..	10·87	54·35
9. Saltburn & Marske	·32	..	1·28	·64	1·28	3·19	10·53	..	..	42·11
10. Scalby	·59	·20	·20	1·19	·20	2·38	..	..	..	14·49
11. Scarborough	·03	..	..	·03	·34	·20	·23	·91	·91	1·83	5·39	..	1·80	16·16
12. Skelton & Brotton	·33	·08	·33	·50	1·73	2·72	..	..	4·17	33·33
13. Thornaby-on-Tees	·15	..	·10	·15	·68	·24	·49	·78	1·12	1·36	11·04	..	4·42	30·91
14. Whitby	·10	..	..	·21	·31	·21	·84	·94	1·15	2·62	..	5·78	..	5·78
Total Urban ..	·01	·07	..	·02	·05	·41	·14	·41	·80	1·07	1·90	4·83	·32	2·90	27·69
B.—RURAL.															
1. Aysgarth	·55	·27	..	·55	1·64	..	..	..	15·63
2. Bedale	·15	·59	·30	·30	1·19	1·19	..	..	9·35	28·04
3. Croft	·99	..	..	·49	..	·49	..	..	..	64·52
4. Easingwold	·19	·10	·19	·29	·87	1·44	5·24	..	5·24	62·83
5. Flaxton	·11	..	·06	·06	·28	·11	·34	·34	·40	1·70	7·78	..	..	42·80
6. Helmsley	·36	..	..	..	·18	..	·36	..	·73	1·63	..	..	..	41·10
7. Kirbymoorside	·20	..	..	·98	·59	·39	1·18	..	..	..	32·26
8. Leyburn	·16	..	..	..	·80	·16	1·29	·48	·96	1·61	9·43	..	..	9·43
9. Malton	·17	·51	..	·68	..	·85	·85	..	..	..	13·16
10. Masham	·54	1·07	·54	2·14	..	..	..	24·39
11. Northallerton	·13	·13	·26	1·45	·66	1·45	8·40	..	..	75·63
12. Pickering	·19	..	·38	·19	·96	·77	1·15	1·53	..	..	..	24·39
13. Reeth	·39	1·93	2·70	..	..	..	96·77
14. Richmond	·31	·23	·23	·23	·38	·77	6·85	..	3·42	20·55
15. Scarborough	·73	..	·44	1·02	·58	2·05	..	..	..	47·62
16. Startforth	·23	·23	·92	·92	·92	1·84	..	..	14·93	..
17. Stokesley	·46	·13	·65	·65	·33	·98	..	..	3·82	34·35
18. Thirsk	·16	..	·08	..	·25	..	·25	·74	·90	2·04	4·95	..	..	54·46
19. Wath	1·07	..	..	..	·53	·53	..	3·74	..	..	..	46·51
20. Whitby	·10	..	·10	·10	·10	·19	1·43	·38	·86	2·19	17·54	..	..	17·54
Total Rural	·06	..	·04	·03	·30	·14	·53	·51	·68	1·53	4·56	..	2·07	36·47
Administrative County	·003	·06	..	·03	·04	·36	·14	·47	·67	·91	1·73	4·71	·18	2·54	31·53

* These death rates are per 1,000 births.

The other death rates are per 1,000 population.

